## 104000089397

(Requ	uestor's Name)	<u></u>
(Addr	ress)	,———
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	. MAIL
(Busi	ness Entity Nar	ne)
(Doci	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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P.A. Charge G. Coulliste SEP 1 2 2006

## **COVER LETTER**

Division of Corporations		
SUBJECT: JK Eckert & Company, Inc. (Name of Corporation) Inc.		
DOCUMENT NUMBER: 10 40 000 89397		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jeffrey K. Ecker T (Name of Contact Person)		
JK Eckert & Company Inc (Firm/Company)		
513 Dong DV (Address)		
Nukomis FL 34275 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Teffrey K Eckert at (941) 484-9738 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: T.K. Eckert of Conpany Inc.		
2. The principal office address: 5/3 Dona Or.  1/0/Com; S FL 34275		
3. The mailing address (if different): Same		
4. Date of incorporation/qualification: 6/9/2004 Document number: P04000089397		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
Jeffrey K. Eckert		
204 Monet Dr.		
No Conis, FL 34275-1355		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Jeffrey K. Eckert		
513 Duna Dr.  (P.O. Box NOT acceptable)		
Nakomis RL 34275-2613 8		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
Jeffier K. Eckert  Printed or typed name and titlet		
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.		
Manufacture of Registered Agent) 9/6/06 (Date)		
If signing on behalf of an entity:		
(Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*